

<b>Issue Classification</b> 	Application/Control No.	Applicant(s)/Patent under Reexamination
	10/677,027	COLETRANE ET AL.
	Examiner Dalena Tran	Art Unit 3661

ORIGINAL			CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
701	1	701	117					
INTERNATIONAL CLASSIFICATION		340	436					
B60Q	1100							
G08G	1101							
/								
/								
/								
(Assistant Examiner) (Date)			DALENA TRAIN 3/31/06					
(Legal Instruments Examiner) (Date)			(Primary Examiner)			(Date)		
							Total Claims Allowed: 20	
							O.G. Print Claim(s) 1	
							O.G. Print Fig. 3	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
2	2		32		62		92
3	3		33		63		93
4	4		34		64		94
X	5		35		65		95
X	6		36		66		96
4	7		37		67		97
5	8		38		68		98
6	9		39		69		99
7	10		40		70		100
8	11		41		71		101
X	12		42		72		102
X	13		43		73		103
X	14		44		74		104
9	15		45		75		105
10	16		46		76		106
11	17		47		77		107
12	18		48		78		108
X	19		49		79		109
X	20		50		80		110
X	21		51		81		111
X	22		52		82		112
X	23		53		83		113
X	24		54		84		114
X	25		55		85		115
X	26		56		86		116
X	27		57		87		117
X	28		58		88		118
X	29		59		89		119
X	30		60		90		120

<b>Issue Classification</b>			Application/Control No.	Applicant(s)/Patent under Reexamination
			10/677,027	COLETRANE ET AL.
Examiner			Art Unit	
Dalena Tran			3661	

ORIGINAL			CROSS REFERENCE(S)							
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							
701	1	701	117							
INTERNATIONAL CLASSIFICATION		340	436							
B60Q	1100									
G11S G	1101									
	/									
	/									
	/									
			DALENA TRAN 3/23/06							
(Assistant Examiner) (Date)			Total Claims Allowed: 20							
(Legal Instruments Examiner) (Date)			(Primary Examiner)		(Date)		O.G. Print Claim(s)		O.G. Print Fig.	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
2	2		32		62		92
3	3		33		63		93
X	4		34		64		94
X	5		35		65		95
X	6		36		66		96
4	7		37		67		97
5	8		38		68		98
6	9		39		69		99
7	10		40		70		100
8	11		41		71		101
X	12		42		72		102
X	13		43		73		103
X	14		44		74		104
9	15		45		75		105
10	16		46		76		106
11	17		47		77		107
12	18		48		78		108
13	19		49		79		109
X	20		50		80		110
X	21		51		81		111
X	22		52		82		112
X	23		53		83		113
X	24		54		84		114
X	25		55		85		115
X	26		56		86		116
X	27		57		87		117
X	28		58		88		118
X	29		59		89		119
X	30		60		90		120